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**ROCKY FLATS PLANT
EM RADIOLOGICAL GUIDELINES**

Manual No.: **3-21000-OPS-EMRG**
Procedure No.: **Table of Contents, Rev 1**
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Effective Date: **01/18/93**
Organization: **Environmental Management**

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ADMIN RECORD

**DOCUMENT CLASSIFICATION REVIEW WAIVER
PER R.B. HOFFMAN, CLASSIFICATION OFFICE
JUNE 11, 1991**

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DOCUMENT CHANGE NOTICE (DCN)

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Title	EMRG 2.3 Wounds and Skin contamination	Date	11/13/92 Date 1/14/93	DCN Number	93.01 <i>eg</i>
Expires	12/31/93 Date 1/14/93	Procedure Revision Required	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Scope Limitation	Table I none Date 1/14/93				

Item Number	Page	Step or Paragraph	Changes (Use DCN CONTINUATION SHEET for Additional Space)
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1	3	Table I	Replace Table I with the Following:
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CRITERIA FOR INTERNAL DOSIMETRY EVALUATION

SITUATION	ACTION LEVEL
Nasal/Mouth Smear	Any detectable contamination
Facial Contamination	Any detectable contamination
Head and Neck Contamination	Any detectable contamination
² Hand/Forearm Contamination	≥ 5000 dpm
² Clothing Contamination	≥ 5000 dpm
³ Wounds	Any skin break received in a RCA
Contamination Inside Respirator	Any detectable removable contamination
Airborne Contamination	¹ ≥ 40 DAC hours

¹After incorporating respiratory protection factor.²Levels apply to exposure without wearing a respirator, or loose contamination on precautionary or inner clothing.³Skin breaks and/or acid burns are considered to be wounds.

Concurrence	Organization	Req	Date	Concurrence	Organization	Req	Date
<i>[Signature]</i>	OAPM	X	1/14/93		User	X	
<i>[Signature]</i>	Rad Eng	X	12/18/92	<i>[Signature]</i>	EQS	X	1/14/93
<i>[Signature]</i>	ES & E	X	1/5/93				
Approval of Responsible Manager: <i>[Signature]</i>				Date	Is Posting Req? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, By What Date? upon receipt
				1-12-95			Date Posted

DCN Form 001

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 JUNE 11, 1991

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